

The US Marshal Service received 42 civil process for case # 3:18cv752 with a check #72116 in the amount of \$378.84. Per the US Marshals policy and procedures "for each item served by mail or forwarded for service in another judicial district: \$8.00". At this time, the US Marshal Service is not able to serve the 42 civil process for case # 3:18cv752 until we receive the balance of \$629.16 for the service.

FILED

2019 JUN -7 PM 2:20

**U.S. DISTRICT COURT CLERK
NORTHERN DISTRICT
OF INDIANA**

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS SUMMONS
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE <u>Elizabeth Shelley, Case Manager</u> AT <u>1000 Van Nuys Rd, New Castle, IN 47362</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 <u>42</u>
<u>Leonard Thomas #175876 B2-304 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</u>	Number of parties to be served in this case <u>42</u>
	Check for service on U.S.A. <u>✓</u>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Mrs. Elizabeth Shelley, can be located at the New Castle Correctional Facility 1000 Van Nuys Road
Monday through Friday 9:00 AM through 3:00 PM

Signature of Attorney other Originator requesting service on behalf of: Leonard Thomas PLAINTIFF DEFENDANT TELEPHONE NUMBER (219) 785-2534 DATE 10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1-42</u>	District of Origin <u>No. 22</u>	District to Serve <u>No. 22</u>	Signature of Authorized USMS Deputy or Clerk <u>Ji</u>	Date <u>3/14/19</u>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date <u>6/21/19</u>	Time <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <u>Ji</u>		

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <i>Summons</i>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE <i>E. Lowe, Unit Team Manager</i> AT <i>1000 Van Nuys Road New Castle, IN 47362</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<input checked="" type="checkbox"/> <i>Leonard Thomas #175876 B2-204 Westville Correctional Facility 5501 So 1100 West Westville, IN 46391</i>	
Number of process to be served with this Form 285	<i>42</i>
Number of parties to be served in this case	<i>42</i>
Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold *Mr. E. Lowe, can be located at the New Castle Correctional Facility 1000 Van Nuys Road
Monday through Friday 9:00AM through 3:00PM*

Signature of Attorney other Originator requesting service on behalf of: <i>Leonard Thomas</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	<i>(319)785-2554 10/29/18</i>	

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <i>2-42</i>	District of Origin <i>No. 27</i>	District to Serve <i>No. 27</i>	Signature of Authorized USMS Deputy or Clerk <i>Ji</i>	Date <i>3/19/18</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including <i>endeavors</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS Summons
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE <u>Michael Osburn, Program Director</u> AT <u>302 W. Washington St. Room E334 Indianapolis, IN 46204</u> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<input checked="" type="checkbox"/> <u>Leonard Thomas #175876 B2-206</u> <u>Westville Correctional Facility</u> <u>5501 S. 1100 West</u> <u>Westville, IN 46391</u>	
Number of process to be served with this Form 285	<u>1/2</u>
Number of parties to be served in this case	<u>1/2</u>
Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Mr. Michael Osburn, can be located at the Indiana Government Center 302 W. Washington St. Room E334 Monday through Friday 9:00AM through 3:00PM (317)232-5777

Signature of Attorney other Originator requesting service on behalf of: Leonard Thomas

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	<u>(219)285-2555 10/29/18</u>	

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>3-42</u>	District of Origin <u>No. 22</u>	District to Serve <u>No. 22</u>	Signature of Authorized USMS Deputy or Clerk <u>Ji</u>	Date <u>3/14/19</u>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS Summons
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <i>F. Owens, Supervisor of Classification</i> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>1000 Van Nuys Rd. New Castle, IN 47362</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 <i>42</i>
<i>Leonard Thomas #175876 B2-206 Westville Correctional Facility 5501 So 1100 West Westville, IN 46391</i>	Number of parties to be served in this case <i>42</i>
	Check for service on U.S.A. <i>✓</i>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold
*F. Owens, can be located at the New Castle Correctional Facility 1000 Van Nuys Road
Monday through Friday 9:00AM through 3:00PM*

Signature of Attorney/other Originator requesting service on behalf of:
Leonard Thomas

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	<i>(619) 785-2534 10/29/18</i>	

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>4-42</i>	District of Origin No. <i>31</i>	District to Serve No. <i>32</i>	Signature of Authorized USMS Deputy or Clerk <i>Ji</i>	Date <i>3/14/19</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <i>Summons</i>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <i>Keith Butts, Superintendent</i> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>1000 Van Nys Rd. New Castle, IN 47362</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 <i>42</i>
<i>Leonard Thomas #175874 B2-204 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>	Number of parties to be served in this case <i>42</i>
	Check for service on U.S.A. <input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

*Keith Butts, Superintendent can be located at the New Castle Correctional Facility 1000 Van Nys Rd
Monday through Friday 9:00AM through 3:00PM*

Signature of Attorney other Originator requesting service on behalf of:

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	<i>(219)785-2554 10/29/18</i>	

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <i>5-42</i>	District of Origin <i>No. 37</i>	District to Serve <i>No. 37</i>	Signature of Authorized USMS Deputy or Clerk <i>J.</i>	Date <i>3/14/19</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752	
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS Summons	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
SERVE AT	Deanna Dwenger, PHYS D 302 W Washington St, Rm E334 Indianapolis, IN 46204	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
<p>Leonard Thomas #175876 B2-204 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</p>		Number of process to be served with this Form 285 3/2
		Number of parties to be served in this case 3/2
		Check for service on U.S.A. ✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Doctor Deanna Dwenger, can be located at the Indiana Government Center 302 W Washington St. Room E334 Monday through Friday 9:00AM through 3:00 PM (317) 232-5777

Signature of Attorney other Originator requesting service on behalf of:

 PLAINTIFF DEFENDANT

TELEPHONE NUMBER

DATE

Leonard Thomas (319) 785-2554 10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 6-42	District of Origin No. 37	District to Serve No. 37	Signature of Authorized USMS Deputy or Clerk <i>Li</i>	Date 3/14/19
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS SUMMONS
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <u>Dr. Pinter, Psychiatrist</u> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>302 W. Washington St. Room E334 Indianapolis, IN 46204</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<u>Leonard Thomas #175874 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</u>	
Number of process to be served with this Form 285	<u>42</u>
Number of parties to be served in this case	<u>42</u>
Check for service on U.S.A.	<u>✓</u>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Doctor Pinter, can be located at the Indiana Government Center 302 W. Washington St. Room E334
Monday through Friday 9:00AM through 3:00 PM (317)232-5777

Signature of Attorney other Originator requesting service on behalf of: Leonard Thomas

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	<u>(319)785-2554</u>	<u>10/29/18</u>

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>7-42</u>	District of Origin <u>No. 22</u>	District to Serve <u>No. 22</u>	Signature of Authorized USMS Deputy or Clerk <u>Ji</u>	Date <u>3/14/19</u>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS SIMMONS
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE <i>Eddie Taylor, PhD</i> AT <i>302 W Washington St. Rm E334 Indianapolis, IN 46204</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 <i>42</i>
<i>Leonard Thomas #175876 B2-204 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>	Number of parties to be served in this case <i>42</i>
	Check for service on U.S.A. <i>✓</i>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold *Doctor Eddie Taylor, can be located at the Indiana Government Center 302 W. Washington St. Room E334*
Monday through Friday 9:00AM through 3:00PM (317) 232-5777

Signature of Attorney other Originator requesting service on behalf of: *Leonard Thomas* PLAINTIFF DEFENDANT TELEPHONE NUMBER *(219) 785-2554* DATE *10/29/18*

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <i>B-42</i>	District of Origin <i>No. 22</i>	District to Serve <i>No. 22</i>	Signature of Authorized USMS Deputy or Clerk <i>Ji</i>	Date <i>3/14/19</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
 United States Marshals Service

PROCESS RECEIPT AND RETURN
 See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <i>Seizure/Conviction</i>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <i>Vicki E. Burdine, MD</i> ADDRESS <i>302 W. Washington St. Rm E334 Indianapolis, IN 46204</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 <i>42</i>
<i>Leonard Thomas #175876 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>	Number of parties to be served in this case <i>42</i>
	Check for service on U.S.A. <input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold *Doctor Vicki E. Burdine, can be located at the Indiana Government Center 302 W. Washington St. Room E334 Monday through Friday at 9:00AM through 3:00PM (317)232-5777*

Fold *Leonard Thomas*

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <i>9-42</i>	District of Origin <i>No. 22</i>	District to Serve <i>No. 22</i>	Signature of Authorized USMS Deputy or Clerk <i>Li</i>	Date <i>3/14/18</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <i>Summons</i>

SERVE AT *Mark Levenhagen, Executive Director of Mental Health*
 ADDRESS *302 W Washington St, Rm E333 Indianapolis, IN 46204*

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

*Leonard Thomas #175874 B2-206
 Westville Correctional Facility
 5501 S. 1100 West
 Westville, IN 46391*

Number of process to be served with this Form 285	<i>1/2</i>
Number of parties to be served in this case	<i>1/2</i>
Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold *Mr. Mark Levenhagen, can be located at the Indiana Government Center 302 W. Washington St Room E333*

Monday through Friday at 9:00AM through 3:00PM (317) 232-5777

Signature of Attorney other Originator requesting service on behalf of:

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	<i>(219) 785-2554 10/29/18</i>	

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>10-42</i>	District of Origin <i>No. 27</i>	District to Serve <i>No. 27</i>	Signature of Authorized USMS Deputy or Clerk <i>J.</i>	Date <i>3/14/19</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
--	--

Address (complete only different than shown above)	Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS Summons
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <i>Cara Misetec, Director of Mental Health</i> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>303 W Washington St, Rm E334 Indianapolis, IN 46204</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 42
<i>Leonard Thomas #175876 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>	Number of parties to be served in this case 42
	Check for service on U.S.A. ✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

*MS. Cara Misetec, can be located at the Indiana Government Center 303 W. Washington Street Room E334
Monday through Friday at 9:00 AM through 3:00 PM (317)232-5777*

Signature of Attorney other Originator requesting service on behalf of: *Leonard Thomas*

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	<i>(219)785-2554</i>	<i>10/29/18</i>

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 11-42	District of Origin No. 27	District to Serve No. 27	Signature of Authorized USMS Deputy or Clerk <i>Li</i>	Date 3/4/19
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
 United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752						
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <i>Seizure</i>						
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <i>Jack Hendrix, Director of Classification</i> <i>302 W Washington St. Rm E334 Indianapolis, IN 46204</i>							
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW							
<i>Leonard Thomas #175874 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>							
<table border="1"> <tr> <td>Number of process to be served with this Form 285</td> <td><i>1/2</i></td> </tr> <tr> <td>Number of parties to be served in this case</td> <td><i>1/2</i></td> </tr> <tr> <td>Check for service on U.S.A.</td> <td><i>✓</i></td> </tr> </table>		Number of process to be served with this Form 285	<i>1/2</i>	Number of parties to be served in this case	<i>1/2</i>	Check for service on U.S.A.	<i>✓</i>
Number of process to be served with this Form 285	<i>1/2</i>						
Number of parties to be served in this case	<i>1/2</i>						
Check for service on U.S.A.	<i>✓</i>						

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold *Mr. Jack Hendrix, can be located at the Indiana Government Center 302 W. Washington Street Room E334* Fold

Monday through Friday at 8:00AM through 3:00PM (317)232-5777

Signature of Attorney other Originator requesting service on behalf of: *Leonard Thomas*

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	<i>(319)785-2537</i>	<i>10/29/18</i>

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <i>12-42</i>	District of Origin <i>No. 32</i>	District to Serve <i>No. 27</i>	Signature of Authorized USMS Deputy or Clerk <i>Sc</i>	Date <i>31/4/18</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <i>Summons</i>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE <i>Scot R. Hancock, Behavior Health Specialist</i> AT <i>1000 Van Nuys Rd. New Castle, IN 47362</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<i>Leonard Thomas #175874 B2-204 Westville Correctional Facility 5501 S. 1100 West Westville, IN 44391</i>	
Number of process to be served with this Form 285	<i>12</i>
Number of parties to be served in this case	<i>12</i>
Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold *Scot R. Hancock, can be located at the New Castle Correctional Facility 1000 Van Nuys Road*

Monday through Friday 9:00AM through 3:00 PM

Signature of Attorney other Originator requesting service on behalf of: <i>Leonard Thomas</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	<i>(219)785-2534 10/29/18</i>	

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <i>13-42</i>	District of Origin <i>No. 27</i>	District to Serve <i>No. 27</i>	Signature of Authorized USMS Deputy or Clerk <i>Ji</i>	Date <i>3/14/19</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
---	--

Address (<i>complete only different than shown above</i>)	Date	Time
	<input type="checkbox"/> am <input type="checkbox"/> pm	
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including <i>endeavors</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS Summons
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE <u>Ms. A. Smith, Behavior Health Specialist</u> AT <u>1000 Van Nuys Rd. New Castle, IN 47362</u> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 <u>14</u>
<u>Leonard Thomas #175876 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</u>	Number of parties to be served in this case <u>1</u>
	Check for service on U.S.A. <u>✓</u>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Ms. A. Smith, can be located at the New Castle Correctional Facility 1000 Van Nuys Road

Monday through Friday 9:00AM through 3:00 PM

Signature of Attorney other Originator requesting service on behalf of: Leonard Thomas PLAINTIFF DEFENDANT TELEPHONE NUMBER (219) 785-2554 DATE 10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>14-42</u>	District of Origin <u>No. 27</u>	District to Serve <u>No. 27</u>	Signature of Authorized USMS Deputy or Clerk <u>Li</u>	Date <u>31/11/18</u>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS SUMMONS
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Ms. Stevens, Mental Health Professional	
SERVE AT 1000 Van Nys Rd. New Castle, IN 47342	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
Leonard Thomas #175876 B2-204 Westville Correctional Facility 5501 S. 1100 West Westville, IN 44391	
Number of process to be served with this Form 285 42	
Number of parties to be served in this case 42	
Check for service on U.S.A. ✓	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Ms. Stevens, can be located at the New Castle Correctional Facility 1000 Van Nys Road Monday through Friday 9:00AM through 3:00PM

Signature of Attorney other Originator requesting service on behalf of: <u>Leonard Thomas</u>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER (219)785-2554	DATE 10/29/18
	<input type="checkbox"/> DEFENDANT		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 15-42	District of Origin No. 22	District to Serve No. 32	Signature of Authorized USMS Deputy or Clerk <u>Dr</u>	Date 3/14/19
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <u>Summons</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <u>Ms. Black, Mental Health Professional</u> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1000 Van Nuys Rd. New Castle, IN 47362</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 <u>10</u>
<u>Leonard Thomas #175876 B2-304 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</u>	Number of parties to be served in this case <u>12</u>
	Check for service on U.S.A. <u>✓</u>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Mrs. Black, can be located at the New Castle Correctional Facility 1000 Van Nuys Road
Monday through Friday 9:00AM through 3:00 PM

Signature of Attorney other Originator requesting service on behalf of:

Leonard Thomas

PLAINTIFF

TELEPHONE NUMBER

DATE

DEFENDANT

(219) 785-2534

10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <u>10-42</u>	District of Origin <u>No. 22</u>	District to Serve <u>No. 22</u>	Signature of Authorized USMS Deputy or Clerk <u>J</u>	Date <u>3/14/19</u>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion their residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
 United States Marshals Service

PROCESS RECEIPT AND RETURN

See *"Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752						
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS SIMMONS						
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE <i>Mrs. Melander, Mental Health Professional</i> AT <i>1000 Van Nuys Rd, New Castle, IN 47362</i> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)							
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <i>Leonard Thomas #175874 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>							
<table border="1"> <tr> <td>Number of process to be served with this Form 285</td> <td>42</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td>42</td> </tr> <tr> <td>Check for service on U.S.A.</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		Number of process to be served with this Form 285	42	Number of parties to be served in this case	42	Check for service on U.S.A.	<input checked="" type="checkbox"/>
Number of process to be served with this Form 285	42						
Number of parties to be served in this case	42						
Check for service on U.S.A.	<input checked="" type="checkbox"/>						

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold *Mrs. Melander, can be located at the New Castle Correctional Facility 1000 Van Nuys Road
 Monday through Friday 9:00 AM through 3:00 PM* Fold

Signature of Attorney other Originator requesting service on behalf of: *Leonard Thomas*

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	<i>(319)785-2357</i>	<i>10/29/18</i>

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <i>17-42</i>	District of Origin <i>No. 37</i>	District to Serve <i>No. 37</i>	Signature of Authorized USMS Deputy or Clerk <i>L</i>	Date <i>3/14/19</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS SUMMONS
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <i>Mary K. Heimann, Allentown Health Professional</i> <i>1000 Van Alstyne Rd. New Castle, IN 47362</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 <i>18-42</i>
<i>Leonard Thomas #175876 B2-206 Westville Correctional Facility 3501 S. 1100 West Westville, IN 44391</i>	Number of parties to be served in this case <i>12</i>
	Check for service on U.S.A. <i>✓</i>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold *Mary K. Heimann, can be located at the New Castle Correctional Facility 1000 Van Alstyne Road
Monday through Friday 9:00 AM through 3:00 PM* Fold

Signature of Attorney other Originator requesting service on behalf of: <i>Leonard Thomas</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER <i>(219) 785-2554</i>	DATE <i>10/29/18</i>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>18-42</i>	District of Origin <i>No. 22</i>	District to Serve <i>No. 22</i>	Signature of Authorized USMS Deputy or Clerk <i>J.</i>	Date <i>3/14/19</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS SIMMONS
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE <i>Dr. Keris, Unit Team Leader</i> AT <i>1000 Van Nys Rd. New Castle, IN 47362</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<input checked="" type="checkbox"/> <i>Leonard Thomas #175876 B2-204 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>	
Number of process to be served with this Form 285	42
Number of parties to be served in this case	42
Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold *Doctor Keris, can be located at the New Castle Correctional Facility 1000 Van Nys Road Monday through Friday 9:00 AM through 3:00 PM* Fold

Signature of Attorney other Originator requesting service on behalf of: <i>Leonard Thomas</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER <i>(219)785-2553</i>	DATE <i>10/29/18</i>
	<input type="checkbox"/> DEFENDANT		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <i>19-42</i>	District of Origin <i>No. 22</i>	District to Serve <i>No. 32</i>	Signature of Authorized USMS Deputy or Clerk <i>Li</i>	Date <i>3/14/19</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including <i>endeavors</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <i>SLIM JONES</i>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <i>Donalda Griffin, NRC</i> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>1000 Van Nuys Rd, New Castle, IN 47342</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<input checked="" type="checkbox"/> <i>Leonard Thomas #175876 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>	
Number of process to be served with this Form 285 <i>42</i>	
Number of parties to be served in this case <i>42</i>	
Check for service on U.S.A. <input checked="" type="checkbox"/>	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold *All Donalda Griffin can be located at the New Castle Correctional Facility 1000 Van Nuys Road* Fold

Monday through Friday 9:00 AM through 3:00 PM

Signature of Attorney other Originator requesting service on behalf of: <i>Leonard Thomas</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER <i>(319) 785-2554</i>	DATE <i>10/29/18</i>
	<input type="checkbox"/> DEFENDANT		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>20-42</i>	District of Origin No. <i>21</i>	District to Serve No. <i>22</i>	Signature of Authorized USMS Deputy or Clerk <i>Ji</i>	Date <i>3/14/19</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
 United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS SUMMONS
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE <i>Andrea L. HHH, LPN</i> AT <i>1000 Van Nuys Rd. New Castle, IN 47362</i> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<i>Leonard Thomas #175874 B2-206 Westville Correctional Facility 5501 So 1100 West Westville, IN 44391</i>	
Number of process to be served with this Form 285 12 Number of parties to be served in this case 12 Check for service on U.S.A. ✓	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold *Andrea L. HHH, can be located at the New Castle Correctional Facility 1000 Van Nuys Road Monday through Friday 9:00AM through 3:00 PM* Fold

Signature of Attorney/other Originator requesting service on behalf of *Leonard Thomas*

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	<i>(219) 785-2534 10/29/18</i>	

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process 21-42	District of Origin No. 27	District to Serve No. 27	Signature of Authorized USMS Deputy or Clerk 2	Date 3/14/19
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including <i>endeavors</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752						
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <u>SUMMONS</u>						
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <u>Patrick Krueger, Supervisor of Classification</u> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>5501 S. 1100 West Westville, IN 46391</u>							
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Leonard Thomas #175876 B2-306 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</u>							
<table border="1"> <tr> <td>Number of process to be served with this Form 285</td> <td><u>42</u></td> </tr> <tr> <td>Number of parties to be served in this case</td> <td><u>42</u></td> </tr> <tr> <td>Check for service on U.S.A.</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		Number of process to be served with this Form 285	<u>42</u>	Number of parties to be served in this case	<u>42</u>	Check for service on U.S.A.	<input checked="" type="checkbox"/>
Number of process to be served with this Form 285	<u>42</u>						
Number of parties to be served in this case	<u>42</u>						
Check for service on U.S.A.	<input checked="" type="checkbox"/>						

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold Patrick Krueger, can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391 Fold
Monday through Friday 9:00AM through 3:00PM (219)783-2354

Signature of Attorney other Originator requesting service on behalf of:

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	<u>(219)783-2354</u>	<u>10/29/18</u>

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>22-42</u>	District of Origin No. <u>27</u>	District to Serve No. <u>27</u>	Signature of Authorized USMS Deputy or Clerk <u>J.</u>	Date <u>3/4/19</u>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals ServiceUSDC IN/ND case 3:18-cv-00752-JD-MGG document 13 filed 06/07/19 page 24 of 43
PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <i>Summons</i>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <i>Andrew Pazera, Assistant Superintendent</i> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>5501 S. 1100 West Westville, IN 46391</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
LEONARD THOMAS #175876 B2-306 <i>Westville Correctional Facility</i> <i>5501 S. 1100 West</i> <i>Westville, IN 46391</i>	
Number of process to be served with this Form 285 <input checked="" type="checkbox"/> <i>Y2</i>	
Number of parties to be served in this case <input checked="" type="checkbox"/> <i>Y2</i>	
Check for service on U.S.A. <input checked="" type="checkbox"/>	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold *Andrew Pazera can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391*

Fold

Monday through Friday 9:00AM through 3:00 PM (219) 785-2554

Signature of Attorney other Originator requesting service on behalf of:

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	<i>(219) 785-2554 10/29/18</i>	

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <i>23-42</i>	District of Origin <i>No. 27</i>	District to Serve <i>No. 27</i>	Signature of Authorized USMS Deputy or Clerk <i>J.</i>	Date <i>3/14/19</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS		COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL		TYPE OF PROCESS Summons
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <i>Mark Sevier, Superintendent</i> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>5501 S. 1100 West Westville, IN 44391</i>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <i>Leonard Thomas #175874 B2-204 Westville Correctional Facility 5501 S. 1100 West Westville, IN 44391</i>		Number of process to be served with this Form 285 <i>42</i>
		Number of parties to be served in this case <i>42</i>
		Check for service on U.S.A. <i>✓</i>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

*Mark Sevier, can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN 44391
Monday through Friday 9:00AM through 3:00PM (219)785-2534*

Signature of Attorney other Originator requesting service on behalf of: *Leonard Thomas*

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	<i>(219)785-2534 10/29/18</i>	

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>24-42</i>	District of Origin No. <i>27</i>	District to Serve No. <i>27</i>	Signature of Authorized USMS Deputy or Clerk <i>J</i>	Date <i>3/14/19</i>
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I hereby certify and return that I have personally served, I have legal evidence of service, I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion still residing in defendant's usual place of abode	
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Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <i>Seizure</i>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <i>Ms. k. cox, Behavior Health Specialist</i> <i>1000 Van Nys Rd. New Castle, IN 47343</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<i>Leonard Thomas #175874 B2-204 Westville Correctional Facility 5501 S. 1100 West Westville, IN 44391</i>	
Number of process to be served with this Form 285	<i>42</i>
Number of parties to be served in this case	<i>42</i>
Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold *Ms. k. cox, can be located at the New Castle Correctional Facility 1000 Van Nys Road Monday through Friday 9:00AM through 3:00 PM* Fold

Fold *Leonard Thomas* Fold

Signature of Attorney/other Originator requesting service on behalf of:

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	<i>(319)785-2554 10/29/18</i>	

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <i>25-42</i>	District of Origin <i>No. 22</i>	District to Serve <i>No. 27</i>	Signature of Authorized USMS Deputy or Clerk <i>2.</i>	Date <i>3/19/18</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including <i>endeavors</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS SLIMJIMNS
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Alison C. Bouillon, Behavior Health Specialist	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1000 Van Nuys Rd, New Castle, IN 47362	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<input checked="" type="checkbox"/> Leonard Thomas #175874 B3-204 Westville Correctional Facility 5501 So 1100 West Westville, IN 46391	
Number of process to be served with this Form 285 12	
Number of parties to be served in this case 12	
Check for service on U.S.A. ✓	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold **Alison C. Bouillon, can be located at the New Castle Correctional Facility 1000 Van Nuys Road**

Fold

Monday through Friday 9:00AM through 3:00 PM

Signature of Attorney other Originator requesting service on behalf of:

Leonard Thomas

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	(219)785-2554	10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process 26-42	District of Origin No. 27	District to Serve No. 27	Signature of Authorized USMS Deputy or Clerk Jr	Date 3/14/19
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)		<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)		Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
		Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
 United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <i>Summons</i>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <i>Mrs. Smith, Behavior Health Specialist</i> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>1000 Van Nuys Rd, New Castle, IN 47362</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER/AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 <i>12</i> Number of parties to be served in this case <i>12</i> Check for service on U.S.A. <i>✓</i>
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): <i>Mrs. Smith, can be located at the New Castle Correctional Facility 1000 Van Nuys Road Monday through Friday 9:00AM through 3:00PM</i>	

Signature of Attorney other Originator requesting service on behalf of: <i>Leonard Thomas</i>		<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE	
		<input type="checkbox"/> DEFENDANT	<i>(219)785-2554</i>		<i>10/29/18</i>

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>22-92</i>	District of Origin <i>No. 22</i>	District to Serve <i>No. 22</i>	Signature of Authorized USMS Deputy or Clerk <i>Li</i>	Date <i>3/14/19</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <i>Summons</i>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <i>Ms. Darling, Behavior Health Specialist</i> <i>1000 Van Nuys Rd. New Castle, IN 47362</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<i>Leonard Thomas #175874 B2-206 Westville Correctional Facility 5501 So 1100 West Westville, IN 46391</i>	
Number of process to be served with this Form 285	<i>12</i>
Number of parties to be served in this case	<i>13</i>
Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold	<i>Ms. Darling, can be located at the New Castle Correctional Facility 1000 Van Nuys Rd.</i>	Fold
<i>Monday through Friday 9:00AM through 3:00PM</i>		
Signature of Attorney other Originator requesting service on behalf of: <i>Leonard Thomas</i>		PLAINTIFF <input checked="" type="checkbox"/> TELEPHONE NUMBER <i>(219) 785-2555</i> DATE <i>10/29/18</i>
DEFENDANT <input type="checkbox"/>		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <i>28-42</i>	District of Origin <i>No. 27</i>	District to Serve <i>No. 27</i>	Signature of Authorized USMS Deputy or Clerk <i>L.</i>	Date <i>3/18/19</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (<i>if not shown above</i>)		<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)		Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy			

Service Fee	Total Mileage Charges including <i>endeavors</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS Simmons
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DO Sterling, Behavior Health Specialist	
SERVE AT 1000 Van Nys Rd, New Castle, IN 47362	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<p>Leonard Thomas #175876 B2-206 Westville Correctional Facility 5501 So 1100 West Westville, IN 46391</p>	
Number of process to be served with this Form 285	
Number of parties to be served in this case	
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Mr. Do Sterling, can be located at the New Castle Correctional Facility 1000 Van Nys Road

Monday through Friday 9:00AM through 3:00 PM

Signature of Attorney/other Originator requesting service on behalf of: *Leonard Thomas* PLAINTIFF DEFENDANT TELEPHONE NUMBER *(319) 785-2534* DATE *10/29/18*

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>28-42</i>	District of Origin <i>No. 27</i>	District to Serve <i>No. 27</i>	Signature of Authorized USMS Deputy or Clerk <i>25</i>	Date <i>3/4/19</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
 United States Marshals Service

PROCESS RECEIPT AND RETURN
 See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS SEARCH WARRANTS
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE <i>Bradley S. Zachary, Behavior Health Specialist</i> AT <i>1000 Van Nys Rd. New Castle, IN 47362</i> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 42
<i>Leonard Thomas #175874 B2-204 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>	Number of parties to be served in this case 42
	Check for service on U.S.A. ✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold *Bradley S. Zachary, can be located at the New Castle Correctional Facility 1000 Van Nys Road Monday through Friday 9:00AM through 3:00PM* Fold

Signature of Attorney/other Originator requesting service on behalf of: *Leonard Thomas* PLAINTIFF DEFENDANT TELEPHONE NUMBER (219)785-2554 DATE 10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 32-42	District of Origin No. 22	District to Serve No. 22	Signature of Authorized USMS Deputy or Clerk 1.	Date 3/19/19
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS		COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL		TYPE OF PROCESS <i>Summons</i>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE <i>Ryan Hicks, Correctional Officer</i> AT <i>5501 S. 1100 West Westville, IN 46391</i>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285 <i>42</i>
<i>Leonard Thomas #175876B2306 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>		Number of parties to be served in this case <i>42</i>
		Check for service on U.S.A. <i>✓</i>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold *Ryan Hicks, Correctional Officer can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN Monday through Friday 9:00AM through 3:00PM (219)785-2534 46391* Fold

Signature of Attorney other Originator requesting service on behalf of: *Leonard Thomas*

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	<i>(219)785-2554</i>	<i>10/29/18</i>

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <i>31-42</i>	District of Origin <i>No. 27</i>	District to Serve <i>No. 27</i>	Signature of Authorized USMS Deputy or Clerk <i>L.</i>	Date <i>3/14/19</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
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U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <i>SUMMONS</i>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <i>SUSAN DOWNING, Intake Nurse</i> ADDRESS (Street or RFD, Apartment No., City State and ZIP Code) <i>5501 S. 1100 West Westville, IN 46391</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 <i>42</i>
<i>Leonard Thomas #175876 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>	Number of parties to be served in this case <i>42</i>
	Check for service on U.S.A. <input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold *SUSAN DOWNING, Intake Nurse can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391 Monday through Friday 9:00AM through 3:00PM (219)785-2554* Fold

Signature of Attorney other Originator requesting service on behalf of:

 PLAINTIFF

TELEPHONE NUMBER

DATE

 DEFENDANT*(219)785-2554**10/29/18*

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <i>32-42</i>	District of Origin <i>No. 27</i>	District to Serve <i>No. 27</i>	Signature of Authorized USMS Deputy or Clerk <i>2-</i>	Date <i>3/14/19</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals ServicePROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752						
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS SUMMONS						
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE <u>Jerome Taylor, Case worker</u> AT <u>5501 S. 1100 West Westville, IN 46391</u>							
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW							
<u>Leonard Thomas #175876 B2-204</u> <u>Westville Correctional Facility</u> <u>5501 S. 1100 West</u> <u>Westville, IN 46391</u>							
<table border="1"> <tr> <td>Number of process to be served with this Form 285</td> <td><u>42</u></td> </tr> <tr> <td>Number of parties to be served in this case</td> <td><u>42</u></td> </tr> <tr> <td>Check for service on U.S.A.</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		Number of process to be served with this Form 285	<u>42</u>	Number of parties to be served in this case	<u>42</u>	Check for service on U.S.A.	<input checked="" type="checkbox"/>
Number of process to be served with this Form 285	<u>42</u>						
Number of parties to be served in this case	<u>42</u>						
Check for service on U.S.A.	<input checked="" type="checkbox"/>						

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold	<u>Jerome Taylor, can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</u> <u>Monday through Friday 9:00AM through 3:00PM (219)785-2554</u>		
Signature of Attorney other Originator requesting service on behalf of: <u>Leonard Thomas</u>		<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER
		<input type="checkbox"/> DEFENDANT	<u>(219)785-2334</u>
		DATE	
		<u>10/29/18</u>	

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>33-42</u>	District of Origin <u>No. 22</u>	District to Serve <u>No. 22</u>	Signature of Authorized USMS Deputy or Clerk <u>J.</u>	Date <u>3/14/19</u>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals ServicePROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS SUMMONS

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Zhenay T. S. Newhouse, Caseworker</i>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>5501 S. 1100 West Westville, IN 46391</i>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <i>Leonard Thomas #175876 B2-204 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>	Number of process to be served with this Form 285 <i>42</i>
	Number of parties to be served in this case <i>42</i>
	Check for service on U.S.A. <i>✓</i>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold
*Zhenay T. S. Newhouse can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391
Monday through Friday 9:00AM through 3:00PM (219)785-2554*

Signature of Attorney other Originator requesting service on behalf of:

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	<i>(219)785-2554</i>	<i>10/29/18</i>

Leonard Thomas
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>34-42</i>	District of Origin <i>No 27</i>	District to Serve <i>No. 27</i>	Signature of Authorized USMS Deputy or Clerk <i>2</i>	Date <i>3/4/19</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date Time <input type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*. To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for Service of Process by U.S. Marshal

PLAINTIFF
LEONARD THOMAS

COURT CASE NUMBER
3:18CV752

DEFENDANT
JACK HENDRIX, ET AL

TYPE OF PROCESS

Summons

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
SERVE Nicole Swinford, Case Worker
AT 5501 S. 1100 West Westville, IN 46391
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be
served with this Form 28532Number of parties to be
served in this case32Check for service
on U.S.A.✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Nicole Swinford, can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391
Monday through Friday 9:00AM through 3:00PM (219)785-2554

Signature of Attorney other Originator requesting service on behalf of:

 PLAINTIFF

TELEPHONE NUMBER

DATE

(219)785-2554 10/29/18 DEFENDANT

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>35-42</u>	District of Origin No. <u>27</u>	District to Serve No. <u>27</u>	Signature of Authorized USMS Deputy or Clerk <u>2</u>	Date <u>3/14/19</u>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals ServicePROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS Summons

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
SERVE *Ms. Athen, Psychologist*
AT *5501 S. 1100 West Westville, IN 46391*
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
<i>Leonard Thomas #175876 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>	<i>42</i>
	Number of parties to be served in this case
	<i>42</i>
	Check for service on U.S.A.
	<i>✓</i>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold *Ms. Athen, Psychologist can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391 Monday through Friday 9:00 AM through 3:00 PM (219)785-2554* End

Signature of Attorney other Originator requesting service on behalf of:

PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

DATE

Leonard Thomas *(219)785-2554 10/29/18*

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>36-42</i>	District of Origin No. <i>27</i>	District to Serve No. <i>27</i>	Signature of Authorized USMS Deputy or Clerk <i>L</i>	Date <i>3/17/19</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
 United States Marshals Service

PROCESS RECEIPT AND RETURN
 See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752						
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <i>Summons</i>						
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE <i>Ms. Keeten, Psychologist</i> AT <i>5501 S. 1100 West Westville, IN 46391</i>							
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW							
<i>Leonard Thomas #175876 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>							
<table border="1"> <tr> <td>Number of process to be served with this Form 285</td> <td><i>12</i></td> </tr> <tr> <td>Number of parties to be served in this case</td> <td><i>12</i></td> </tr> <tr> <td>Check for service on U.S.A.</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		Number of process to be served with this Form 285	<i>12</i>	Number of parties to be served in this case	<i>12</i>	Check for service on U.S.A.	<input checked="" type="checkbox"/>
Number of process to be served with this Form 285	<i>12</i>						
Number of parties to be served in this case	<i>12</i>						
Check for service on U.S.A.	<input checked="" type="checkbox"/>						

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold *Ms. Keeten, Psychologist can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391 Monday through Friday 9:00AM through 3:00PM (219)785-2554* Fold

Signature of Attorney other Originator requesting service on behalf of: *Leonard Thomas*

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	<i>(219)785-2554</i>	<i>10/29/18</i>

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <i>37-42</i>	District of Origin <i>No. 37</i>	District to Serve <i>No. 37</i>	Signature of Authorized USMS Deputy or Clerk <i>1</i>	Date <i>3/14/19</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including <i>endeavors</i>)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
 United States Marshals Service

PROCESS RECEIPT AND RETURN
 See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS		COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL		TYPE OF PROCESS <i>Summons</i>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE <i>Charles Faenza, Psychologist</i> AT <i>5501 S. 1100 West Westville, IN 46391</i>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285 <i>42</i>
<i>Leonard Thomas #175876 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>		Number of parties to be served in this case <i>32</i>
		Check for service on U.S.A. <i>✓</i>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold *Charles Faenza, can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391 Monday through Friday 9:00AM through 3:00PM (219)785-2551* Fold

Signature of Attorney/other Originator requesting service on behalf of: *Leonard Thomas* DATE

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER
<input type="checkbox"/> DEFENDANT	<i>(219)783-2551</i>

10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>36-42</i>	District of Origin <i>No. 27</i>	District to Serve <i>No. 27</i>	Signature of Authorized USMS Deputy or Clerk <i>1-</i>	Date <i>3/14/19</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including <i>endeavors</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
 United States Marshals Service

PROCESS RECEIPT AND RETURN
 See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <i>Service</i>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <i>Michelle Boren, Mental Health Specialist</i> ADDRESS <i>5501 S. 1100 W/84 Westville, IN 46391</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 <i>32</i>
<i>Leonard Thomas # 175876 B2-2016 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>	Number of parties to be served in this case <i>12</i>
	Check for service on U.S.A. <i>✓</i>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold *Michelle A. Boren, can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391 Monday through Friday 9:00AM through 3:00PM (219) 785-2535*

Signature of Attorney other Originator requesting service on behalf of: *Leonard Thomas*

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	<i>(219) 785-2535 10/29/18</i>	

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <i>37-42</i>	District of Origin <i>No. 27</i>	District to Serve <i>No. 27</i>	Signature of Authorized USMS Deputy or Clerk <i>2</i>	Date <i>3/14/19</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752	
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <u>SUMMONS</u>	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE <u>Dr. Monica Wala, Psy.D lead Psychologist</u> AT <u>3501 S. 1100 West Westville, IN 46391</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
<u>Leonard Thomas #175876 B2-206</u> <u>Westville Correctional Facility</u> <u>5501 S. 1100 West</u> <u>Westville, IN 46391</u>	Number of process to be served with this Form 285	<u>12</u>
	Number of parties to be served in this case	<u>12</u>
	Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service:)

Fold

Doctor Monica Wala, can be located at the Westville Correctional Facility 5501 S. 1100W Westville, IN 46391

Monday through Friday 9:00AM through 3:00PM (219)785-2554

Signature of Attorney/other Originator requesting service on behalf of: Leonard Thomas

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	<u>(219)785-2554</u>	<u>10/29/18</u>

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <u>40-42</u>	District of Origin <u>No. 27</u>	District to Serve <u>No. 27</u>	Signature of Authorized USMS Deputy or Clerk <u>In</u>	Date <u>3/14/19</u>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
Time
 am
 pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752						
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS SUMMONS						
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN John L. Salyer, Unit Team Manager							
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 5501 S. 1100 West Westville, IN 46391							
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW							
Leonard Thomas #175874 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391							
<table border="1"> <tr> <td>Number of process to be served with this Form 285</td> <td>42</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td>42</td> </tr> <tr> <td>Check for service on U.S.A.</td> <td>✓</td> </tr> </table>		Number of process to be served with this Form 285	42	Number of parties to be served in this case	42	Check for service on U.S.A.	✓
Number of process to be served with this Form 285	42						
Number of parties to be served in this case	42						
Check for service on U.S.A.	✓						

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold **John L. Salyer, can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391 Monday through Friday 9:00 AM through 3:00PM (219)785-2554**

Fold

Signature of Attorney other Originator requesting service on behalf of: **Leonard Thomas**

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	(219)785-2554	10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 41-42	District of Origin No. 27	District to Serve No. 27	Signature of Authorized USMS Deputy or Clerk Li	Date 3/14/19
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals ServicePROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS		COURT CASE NUMBER 3:18CV752				
DEFENDANT JACK HENDRIX, ET AL		TYPE OF PROCESS SIMMONS				
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN						
SERVE	Dr. Barbara Eichman, Psychiatrist					
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 5501 S. 1100 West Westville, IN 46391					
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	72			
<u>Leonard Thomas #175876 B2-206</u> <u>Westville Correctional Facility</u> <u>5501 S. 1100 West</u> <u>Westville, IN 46391</u>		Number of parties to be served in this case	72			
		Check for service on U.S.A.	✓			
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (<u>Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service</u>):						
Fold Doctor Barbara Eichman, can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391 Monday through Friday 9:00AM through 3:00PM (219)785-2554						
Signature of Attorney other Originator requesting service on behalf of: <u>Leonard Thomas</u>		PLAINTIFF <input checked="" type="checkbox"/>	TELEPHONE NUMBER (219)785-2554			
		DEFENDANT <input type="checkbox"/>	DATE 10/29/18			
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE						
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)		Total Process <u>43-42</u>	District of Origin No. <u>27</u>	District to Serve No. <u>27</u>	Signature of Authorized USMS Deputy or Clerk <u>2</u>	Date <u>3/14/19</u>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.						
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)						
Name and title of individual served (if not shown above)					<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)					Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
					Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)	

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED